

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/58/893

APPLICANT(S)

6/6/86 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	1
2		1		1		1
3		1		1		1
4		3		1		1
5		3		1		1
6		3		1		1
7		3		1		1
8		3		1		1
9		3		1		1
10		3		1		1
11		3		1		1
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TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	10	←	10	←
TOTAL CLAIMS			11		11	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						